



## ADVANCE BIOMEDICAL TREATMENT CENTER

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### DISCLAIMER

1. A number of open published trials of the medical interventions have been conducted showing evidence of efficacy. However, no double-blind crossover trials which represent the gold standard as far as the medical profession is concerned currently exist. Although some are unproven in terms of efficacy, these interventions present minimal risk of harm and are based on scientific research and logic.
2. These interventions form a part of the overall individualized plan for an individual. It is not a substitute for appropriate education, care, and health management. It entails a lot of patience, determination and resiliency from all - the physician, the patient, and the family.
3. Although ultimately benefiting from these therapies, a small percentage of individuals may show transient regression (i.e. die-off reaction from anti-fungal medications) during these treatments. However, there are methods employed to minimize and manage these untoward reactions.
4. At present, it is difficult to determine which patients will benefit from these therapies with great accuracy. Some individuals who may be perfect candidates may not have any improvement; while others who seem to have little reason to recommend therapy will show marked improvement.

### INFORMED CONSENT

Acknowledging the above, the fact that there is a sense of urgency in initiating these interventions, and weighing the risks versus the significant potential benefits, I, \_\_\_\_\_ give consent to Dr. Eileen C. Comia to administer biomedical intervention/s to me. I will not hold responsible Dr. Eileen C. Comia, Advance Biomedical Treatment Center, or any of the center's staff or any other person associated with the medical intervention, for the physical and/or behavior problems as well as any injury to myself, any injury to another person, and/or any form of emotional distress experienced by me.

*If you agree in the administering of medical interventions, please fill-out this form, sign and return it to our Center. A signed consent form means that you have read and understood the potential risks and benefits, and that you agree to receive biomedical interventions.*

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

*If a minor, **both parents must sign and date** below.  
If parents are divorced, please provide proof of legal child custody.*

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date